

DEC-12-2005 13:07

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PTO/SB/81 (09-03)  
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INDICATION FORM**

Application Number	10/675,383
Filing Date	09-30-2003
First Named Inventor	Harold Fisher
Title	Bandage for the pr
Art Unit	3743
Examiner Name	OOSTER GREENE, DINNATIA JO
Attorney Docket Number	20169-1

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Practitioner(s) named below:

Name	Registration Number
Louis Tessier	45 289

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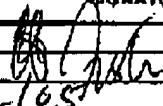
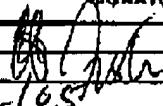
<input checked="" type="checkbox"/>	First or Individual Name	Louis Tessier				
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Address						
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Country	Canada					
Telephone	(514)990-3434	Fax	(514)738-2158			

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/80)

**SIGNATURE of Applicant or Assignee of Record**

NAME	Harold Fisher		
Signature			
Date	10/12/05	Telephone	916-488-8716

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

\*Total of 1 forms are submitted.

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PTO/SB/82 (09-02)

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10875,983
Filing Date	09-30-2003
First Named Inventor	Harold Fisher
Art Unit	3743
Examiner Name	DOSTER GREENE, DINNATIA JO
Attorney Docket Number	20769-1

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

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Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:  

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Louis Tessier
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Country	Canada
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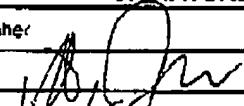
I am the:

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Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Harold Fisher
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Signature	
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Date	10/12/05
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Telephone	416-488-8716
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